

MDR Tracking Number: M5-04-4073-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 07-27-04.

I. DISPUTE

Whether there should be reimbursement for prescriptions (Lexapro, Fluoxetine, Temazepam and Effexor-XR) for dates of service 08-04-03 through 12-17-03.

II. FINDINGS

On 08-13-03 the Division submitted a Notice to the requestor to notify the requestor that based on review of the disputed issues within the request, the Medical Review Division determined that the file contained unresolved medical fee issues only. Per Rule 133.307(g)(3), the Notice also requested the requestor to submit additional documentation necessary to support the fee charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice.

III. RATIONALE

Prescriptions for Lexapro and Fluoxetine date of service 08-04-03 denied with denial code "N" (not appropriately documented). The requestor submitted information to meet documentation criteria. Reimbursement is recommended in the amount of \$169.04.

Prescriptions for Lexapro, Temazepam and Effexor-XR for dates of service 09-17-03 through 12-17-03 were denied with denial code "R" (extent of injury). A Benefit Review Conference was held on 12-28-04 and the extent of injury issue was resolved. Reimbursement is recommended in the amount of \$780.97.

IV. DECISION

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor is entitled to reimbursement for prescriptions for Lexapro, Fluoxetine, Temazepam and Effexor-XR for dates of service 08-04-03 through 12-17-03.

V. ORDER

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees in accordance with TWCC reimbursement methodology for pharmaceutical services for dates of service after August 1, 2003 per Commission Rule 134.503(a), plus all accrued interest due at the time of

payment to the requestor within 20 days of receipt of this order. This Order is applicable to dates of service 08-04-03 through 12-17-03 in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

The above Findings and Decision and Order are hereby issued this 29th day of December 2004.

Debra L. Hewitt
Medical Dispute Resolution Officer
Medical Review Division

DLH/dlh